



PHASES

Veterinary Emergency Hospital

Referral Process:

Please note that all medical notes must be sent along with this referral form, and all areas of this referral form must be filled out. Areas left blank, or a lack of medical records, may slow the process of your referral application or it may be declined.

Along with submitting this form and the medical records, a veterinarian or RVT involved with the case must call PVEH and speak with one of our veterinarians or RVTs regarding the referral. These steps must be completed prior to the patient arriving at our facility to ensure a smooth transition of care.

Thank you for your understanding.

Referring Veterinarian Information:

Veterinarian's Name: _____

Hospital Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Client Information:

Owners Name(s): _____

Home Address: _____

Primary Phone Number: _____

Secondary Phone Number(s): _____

Email Address: _____

Patient Information:

Name: _____

Age: _____

Species and Breed: _____

Colour: _____

Weight (kilograms): _____

Reason for Referral:

Circle your choice of below two options regarding type of referral:

(1) Full referral and transfer of care until PVEH team feels patient is ready to be discharged?

OR

(2) Just full overnight transfer with return to your team tomorrow?

Diagnostics Completed:

(Bloodwork, UA results, radiographs, ultrasound and other must be included with referral).

Preventative Care:

1) Vaccinations: _____

2) Flea/tick/deworming: _____

Updates:

Would the referring vet or clinic like updates on this patient while they are in our care if time permits?

Y or N

Note: Records will be sent back to the referring clinic within 72 hours of the patient leaving our facility.